

EXHIBIT N

Part 2 of 4

ENDORSEMENT

SINGLE LIMIT OF LIABILITY

COVERAGES
Bodily Injury Liability and Property Damage Liability Uninsured and Underinsured Motorist Coverage

It is agreed that the provisions of the policy captioned "LIMITS OF LIABILITY" relating to Bodily Injury Liability and Property Damage Liability are amended to read as follows:

LIMITS OF LIABILITY

Regardless of the number of (1) insureds under this policy, (2) persons or organizations who sustain bodily injury or property damage, (3) claims made or suits brought on account of bodily injury or property damage or (4) automobiles to which this policy applies, the company's liability is limited as follows:

Bodily Injury Liability and Property Damage Liability:

The limit of liability stated in the schedule of the policy as applicable to "each occurrence" is the total limit of the company's liability for all damages because of bodily injury, including damages for care and loss of services, or property damage as a result of any one occurrence, provided that with respect to any one occurrence for which notice of this policy is given in lieu of security or when this policy is certified as proof of financial responsibility under the provisions of the Motor Vehicle Financial Responsibility Law of any state or province such limit of liability shall be applied to provide the separate limits required by such law for bodily injury liability and for property damage liability to the extent of the coverage required by such law, but the separate application of such limit shall not increase the total limit of the company's liability.

Uninsured and Underinsured Motorist Coverage:

Whenever Uninsured and/or Underinsured Motorist Coverage has been purchased, Combined Single Limits will be amended to afford Split Limits as required by law.

EXCESS POLICY

IT IS FURTHER UNDERSTOOD AND AGREED THAT WHEN THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS AN EXCESS POLICY, THE COMPANY'S LIMIT OF LIABILITY SHALL NOT EXCEED 100% OF THE DIFFERENCE BETWEEN THE PRIMARY OR UNDERLYING LIMITS OF LIABILITY AS STATED IN THE POLICY AND TOTAL LIMITS OF PRIMARY AND EXCESS.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED - This endorsement is effective the same date and hour as shown in Item 2 of the Policy Declarations and forms a part of the policy to which it is attached.

Canal Indemnity Company

Greenville, South Carolina



U.S Department
of Transportation

Federal Motor Carrier
Safety Administration

Form Approved:
OMB NO: 2126-0008

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to COASTAL TRANSPORT CO., INC of 1603 ACKERMAN RD SAN ANTONIO, TX 78219

Dated at HOUSTON, TX this 1ST day of APRIL, 20 05

Amending Policy No. L037755 Effective Date MARCH 15, 2005

Name of Insurance Company CANAL INSURANCE COMPANY

Countersigned by 66-87
DELTA GENERAL AGENCY ECR Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]", for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1000000 CSL for each accident.
 This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is (864) 242-5365.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability

herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.
Form MCS-90 (4/2000)

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (non-hazardous).....	\$750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

ENDORSEMENT

AMENDATORY ENDORSEMENT

SECTION A - BASIC AUTOMOBILE LIABILITY INSURANCE

PART I COVERAGE A - BODILY INJURY LIABILITY -- COVERAGE B - PROPERTY DAMAGE LIABILITY

EXCLUSIONS: The following are added:

- (h) to **bodily injury or property damage** resulting from the movement of property by mechanical device (other than a hand truck) unless the device is attached to an **owned automobile or temporary substitute automobile**;
- (i) to **bodily injury or property damage** arising out of the **named insured's** work after that work has been completed or abandoned. In this exclusion, the **named insured's** work means:
 - (1) work or operations performed by the **named insured** or on behalf of the **named insured**; and
 - (2) materials, parts or equipment furnished in connection with such work or operations.

The **named insured's** work includes warranties or representations made at any time with respect to the fitness, quality, durability or performance of any of the items included in paragraphs 1. or 2. above.

The **named insured's** work will be deemed completed at the earliest of the following times:

- (1) when all of the work called for in the **named insured's** contract has been completed.
- (2) when all of the work to be done at the site has been completed if the **named insured's** contract calls for work at more than one site.
- (3) when that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed;

- (j) to **bodily injury or property damage** arising out of the operation of the following:
 - (1) cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - (2) air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED - This endorsement is effective the same date and hour as shown in Item 2 of the Policy Declarations and forms a part of the policy to which it is attached.

Canal Indemnity Company

Greenville, South Carolina



CLAIMS REPORTING INFORMATION NOTICE

800-452-6911

Online Claim reporting is also available at www.canal-ins.com

To All Canal Insureds:

Many accidents result in damages which require immediate attention in order to prevent further loss. When a serious bodily injury, a hazardous spill which may impact the environment or damage to perishable cargo has occurred, please call the Canal Claims Reporting number listed above as soon as possible to report the claim.

When reporting a loss, please be prepared to give the following information:

- * Insured name, driver and policy number
- * Insured Vehicle Information (make, model and VIN)
- * Exact location of the occurrence
- * Description of the occurrence
- * Type of loss and any environment affected
- * Other persons or vehicles involved
- * A contact number for someone at the scene

Please communicate these procedures to all drivers and claim reporting personnel. We appreciate your business and assistance in providing prompt notice of accidents.

FORM F**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY
INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No. L037755

Issued by Canal Indemnity Company, herein called

Company, of Greenville, South Carolina

to COASTAL TRANSPORT CO., INC

of 1603 ACKERMAN RD SAN ANTONIO, TX 78219

Dated at HOUSTON, TX 77081 this 1st day of April 20 05

Countersigned by DELTA GENERAL AGENCY CORP.

Authorized Representative

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED.

ALABAMA	HAWAII	MICHIGAN	NORTH CAROLINA	UTAH	X
ALASKA	IDAHO	MINNESOTA	NORTH DAKOTA	VERMONT	
ARIZONA	ILLINOIS	MISSISSIPPI	OHIO	VIRGINIA	
ARKANSAS	INDIANA	MISSOURI	OKLAHOMA	WASHINGTON	
CALIFORNIA	X IOWA	MONTANA	OREGON	X WEST VIRGINIA	
COLORADO	X KANSAS	NEBRASKA	PENNSYLVANIA	WISCONSIN	
CONNECTICUT	KENTUCKY	NEVADA	RHODE ISLAND	WYOMING	
DELAWARE	LOUISIANA	X NEW HAMPSHIRE	SOUTH CAROLINA	ICC - MC120430	
DISTRICT OF COLUMBIA	MAINE	NEW JERSEY	SOUTH DAKOTA	E-103	
FLORIDA	MARYLAND	NEW MEXICO	TENNESSEE		
GEORGIA	MASSACHUSETTS	NEW YORK	TEXAS	X	

ENDORSEMENT

GENERAL CHANGE

ADDITIONAL INSURED ENDORSEMENT

IT IS HEREBY UNDERSTOOD AND AGREED, THAT NOT WITHSTANDING THE CONTRACTUAL LIABILITY EXCLUSION A OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED, SUCH INSURANCE AS IS AFFORDED HEREIN SHALL APPLY AS ADDITIONAL INSURED COVERAGE TO ANY COMPANY WITH WHICH THE NAMED INSURED HAS A CONTRACT IN WRITING PRIOR TO AN OCCURRENCE, AGREEING TO PROVIDE PROTECTION FOR LIABILITY CLAIMS ARISING OUT OF THE NAMED INSURED'S OPERATION OF VEHICLES INSURED HEREUNDER. WHERE REQUIRED BY CONTRACT IN WRITING, IT IS AGREED SUBROGATION RIGHTS AGAINST THE ADDITIONAL INSURED ARE WAIVED UNLESS CAUSED SOLELY BY THE ADDITIONAL INSURED. IN THE EVENT OF CANCELLATION, NOTICE WILL BE SENT ONLY TO THE NAMED INSURED.

EFFECTIVE : 03/15/2005

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/15/2005

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 04/01/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226045954

PSXMAJ00007368
PSXCAN00010749

ENDORSEMENT

GENERAL CHANGE

LIABILITY POLICY--POLLUTION DEDUCTIBLE

IN CONSIDERATION OF THE PREMIUM CHARGED, IT IS HEREBY UNDERSTOOD AND AGREED THAT IN THE EVENT OF A CLAIM CAUSED BY POLLUTION AS COVERED BY THE EXCEPTION TO THE POLLUTION *EXCLUSION G. LOCATED IN INSURING AGREEMENT SECTION A, 1., OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED, A \$15,000.00 DEDUCTIBLE SHALL APPLY TO LOSS AND/OR EXPENSE SEPARATELY OR COMBINED APPLICABLE TO EACH ACCIDENT. CANAL INDEMNITY COMPANY SHALL HANDLE THE INVESTIGATION AND ADJUSTMENT OF EACH CLAIM AND WILL PRESENT A BILL FOR REIMBURSEMENT UPON EARLIER OF COMBINED LOSS AND/OR EXPENSE PAYMENTS TOTALING \$15,000.00 OR THE CLOSING OF ANY CLAIM FILE UPON COMPLETION OF INVESTIGATION OR SETTLEMENT. COASTAL TRANSPORT CO., INC. AGREES TO PROMPTLY REIMBURSE CANAL INDEMNITY COMPANY WITHIN 10 WORKING DAYS FROM RECEIPT OF EACH CLAIM FOR REIMBURSEMENT.

SECTION A - BASIC AUTOMOBILE LIABILITY INSURANCE

I. COVERAGE A - BODILY INJURY LIABILITY

COVERAGE B - PROPERTY DAMAGE LIABILITY :

*EXCLUSIONS: THIS INSURANCE DOES NOT APPLY:

G. TO BODILY INJURY OR PROPERTY DAMAGE ARISING OR OF THE DISCHARGE, DISPERSAL, RELEASE OR ESCAPE OF SMOKE, VAPORS, SOOT, FUMES, ACIDS, ALKALIS, TOXIC CHEMICALS, LIQUIDS OR GASES, WASTE MATERIALS OR OTHER IRRITANT, CONTAMINANTS OR POLLUTANTS INTO OR UPON LAND, THE ATMOSPHERE OR ANY WATERCOURSE OR BODY OF WATER: BUT THIS EXCLUSION DOES NOT APPLY IF SUCH DISCHARGE, DISPERSAL, RELEASE OR ESCAPE IS SUDDEN AND ACCIDENTAL.

SIGNED-----

DATED-----

COASTAL TRANSPORT CO., INC. AUTHORIZED REPRESENTATIVE

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/15/2005

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 04/01/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226045954

PSXMAJ00007369
PSXCAN00010750

ENDORSEMENT

GENERAL CHANGE

GROSS MILEAGE

1. FOR PURPOSES OF COMPUTING THE PREMIUM TO BE DEVELOPED HEREUNDER, THE NAMED ASSURED AGREES TO MAINTAIN COMPLETE AND ADEQUATE RECORDS AND AGREES TO FURNISH THE COMPANY OR ITS ACCREDITED REPRESENTATIVE ON OR BEFORE THE FIFTEENTH OF EACH CALENDAR MONTH, A STATEMENT OF GROSS MILEAGE FOR THE PREVIOUS CALENDAR MONTH, TOGETHER WITH EARNED PREMIUM COMPUTED ON THE BASIS OF RATE PER ONE HUNDRED MILES AS SHOWN BELOW. THE TERM GROSS MILEAGE AS USED HEREIN IS UNDERSTOOD TO INCLUDE AND SHALL INCLUDE ALL MILEAGE INCURRED BY THE NAMED ASSURED FOR OTHERS, FOR USE OF OR FOR THE TRANSPORT OF MERCHANDISE BY, SUCH AUTOMOBILES AS ARE OWNED OR HIRED BY THE NAMED ASSURED AND REGARDLESS OF WHETHER OR NOT SUCH CHARGES HAVE BEEN PAID TO THE NAMED ASSURED.

2. IT IS FURTHER UNDERSTOOD AND AGREED WITH RESPECT TO HIRED EQUIPMENT THAT SHOULD ANY OTHER LIKE, VALID AND COLLECTIBLE INSURANCE ISSUED IN THE NAME OF THE OWNER OR LESSOR, OR IN FAVOR OF THE NAMED ASSURED HEREIN, EXIST, THIS POLICY BECOMES EXCESS OVER AND ABOVE SUCH VALID AND COLLECTIBLE INSURANCE.

3. IT IS FURTHER UNDERSTOOD AND AGREED THAT THE COMPANY OR ANY OF ITS AUTHORIZED REPRESENTATIVES SHALL BE PERMITTED AT ANY TIME DURING THE TERM OF THIS INSURANCE OR WITHIN TWO YEARS THEREAFTER TO EXAMINE AND AUDIT ANY AND ALL OF THE ASSUREDS RECORDS FOR THE PURPOSE OF VERIFYING OR DETERMINING THE PREMIUM FOR THIS POLICY.

4. IN THE EVENT OF CANCELLATION OF THE POLICY BY THE ASSURED, THE EARNED PREMIUM SHALL BE COMPUTED ON THE CUSTOMARY SHORT RATE BASIS OF THE ANNUAL MINIMUM PREMIUM. CANCELLATION BY THE COMPANY FOR NON-PAYMENT OF PREMIUM SHALL BE CONSIDERED AS CANCELLATION BY THE ASSURED AND SUBJECT TO SHORT RATE CANCELLATION.

DEPOSIT PREMIUM:

ANNUAL MINIMUM PREMIUM:

MONTHLY MINIMUM PREMIUM:

GROSS MILEAGE RATE PER ONE HUNDRED MILES

THE ABOVE IS BASED ON . OF THE ANNUAL PREMIUM WHICH IS \$

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/15/2005

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 04/01/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226045954

PSXMAJ00007370
PSXCAN00010751

ENDORSEMENT

GENERAL CHANGE

IT IS HEREBY UNDERSTOOD AND AGREED THAT HIRED CAR AND NON-OWNED COVERAGE IS ADDED TO THE POLICY. FORMS CA0909 HIRED CAR AND E 117 NON-OWNED ARE ATTACHED TO THE POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/15/2005
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 04/01/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226045954

PSXMAJ00007371
PSXCAN00010752



U.S Department
of Transportation

Federal Motor Carrier
Safety Administration

Form Approved:
OMB NO: 2126-0008

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

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Dated at HOUSTON, TX this 1ST day of APRIL, 20 05

Amending Policy No. L037755 Effective Date MARCH 15, 2005

Name of Insurance Company CANAL INSURANCE COMPANY

Countersigned by John St

DELTA GENERAL AGENCY INC.

Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]", for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1000000 CSL for each accident.
 This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

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In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability

herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

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THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.
 Form MCS-90 (4/2000)

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (non-hazardous).....	\$750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce; with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

ENDORSEMENT

AMENDATORY ENDORSEMENT

SECTION A - BASIC AUTOMOBILE LIABILITY INSURANCE

PART I COVERAGE A - BODILY INJURY LIABILITY -- COVERAGE B - PROPERTY DAMAGE LIABILITY

EXCLUSIONS: The following are added:

- (h) to **bodily injury or property damage** resulting from the movement of property by mechanical device (other than a hand truck) unless the device is attached to an **owned automobile or temporary substitute automobile**;
- (i) to **bodily injury or property damage** arising out of the **named insured's** work after that work has been completed or abandoned. In this exclusion, the **named insured's** work means:
 - (1) work or operations performed by the **named insured** or on behalf of the **named insured**; and
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- (1) when all of the work called for in the **named insured's** contract has been completed.
- (2) when all of the work to be done at the site has been completed if the **named insured's** contract calls for work at more than one site.
- (3) when that part of the work done at a job site has been put to its intended use by any person or organization other than another contractor or subcontractor working on the same project.

Work that may need service, maintenance, correction, repair or replacement, but which is otherwise complete, will be treated as completed;

- (j) to **bodily injury or property damage** arising out of the operation of the following:
 - (1) cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and
 - (2) air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting or well servicing equipment.

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Canal Indemnity Company

Greenville, South Carolina



CLAIMS REPORTING INFORMATION NOTICE

800-452-6911

Online Claim reporting is also available at www.canal-ins.com

To All Canal Insureds:

Many accidents result in damages which require immediate attention in order to prevent further loss. When a serious bodily injury, a hazardous spill which may impact the environment or damage to perishable cargo has occurred, please call the Canal Claims Reporting number listed above as soon as possible to report the claim.

When reporting a loss, please be prepared to give the following information:

- * Insured name, driver and policy number
- * Insured Vehicle Information (make, model and VIN)
- * Exact location of the occurrence
- * Description of the occurrence
- * Type of loss and any environment affected
- * Other persons or vehicles involved
- * A contact number for someone at the scene

Please communicate these procedures to all drivers and claim reporting personnel. We appreciate your business and assistance in providing prompt notice of accidents.

FORM F**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY
INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No. L037755

issued by Canal Indemnity Company, herein called

Company, of Greenville, South Carolina

to COASTAL TRANSPORT CO., INC

of 1603 ACKERMAN RD SAN ANTONIO, TX 78219

Dated at HOUSTON, TX 77081 this 1st day of April 20 05

Countersigned by DELTA GENERAL AGENCY CORP.

Authorized Representative

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED.						
ALABAMA		HAWAII	MICHIGAN	NORTH CAROLINA	UTAH	X
ALASKA		IDAHO	MINNESOTA	NORTH DAKOTA	VERMONT	
ARIZONA		ILLINOIS	MISSISSIPPI	OHIO	VIRGINIA	
ARKANSAS		INDIANA	MISSOURI	OKLAHOMA	WASHINGTON	
CALIFORNIA	X	IOWA	MONTANA	OREGON	X	WEST VIRGINIA
COLORADO	X	KANSAS	NEBRASKA	PENNSYLVANIA		WISCONSIN
CONNECTICUT		KENTUCKY	NEVADA	RHODE ISLAND		WYOMING
DELAWARE		LOUISIANA	X	NEW HAMPSHIRE	SOUTH CAROLINA	ICC - MC120430
DISTRICT OF COLUMBIA		MAINE	NEW JERSEY	SOUTH DAKOTA		E-103
FLORIDA		MARYLAND	NEW MEXICO	TENNESSEE		
GEORGIA		MASSACHUSETTS	NEW YORK	TEXAS	X	



U.S Department
of Transportation

Federal Motor Carrier
Safety Administration

Form Approved:
OMB NO: 2126-0008

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to COASTAL TRANSPORT CO., INC of 1603 ACKERMAN RD SAN ANTONIO, TX 78219

Dated at HOUSTON, TX this 1ST day of APRIL, 20 05

Amending Policy No. L037755 Effective Date MARCH 15, 2005

Name of Insurance Company CANAL INSURANCE COMPANY

Countersigned by John St
DETA GENERAL AGENCY CO. John St Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by "[X]", for the limits shown:

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1000000 CSL for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is (864) 242-5365.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date notice is received by the FMCSA at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, water-course, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability

herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN ON THE REVERSE SIDE DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.
Form MCS-90 (4/2000)

SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of carriage	Commodity transported	Jan. 1, 1985
(1) For-hire (In interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (non-hazardous).....	\$750,000
(2) For-hire and Private (In interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (In interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

FORM F**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY
INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below hereof.
3. This endorsement may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming part of Policy No. L037755

issued by Canal Indemnity Company, herein called
 Company, of Greenville, South Carolina
 to COASTAL TRANSPORT CO., INC
 of 1603 ACKERMAN RD SAN ANTONIO, TX 78219

Dated at HOUSTON, TX 77081 this 1st day of April 20 05

Countersigned by DELTA GENERAL AGENCY CORP.

Authorized Representative:

X -- INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED.

ALABAMA		HAWAII		MICHIGAN		NORTH CAROLINA		UTAH	X
ALASKA		IDAHO		MINNESOTA		NORTH DAKOTA		VERMONT	
ARIZONA		ILLINOIS		MISSISSIPPI		OHIO		VIRGINIA	
ARKANSAS		INDIANA		MISSOURI		OKLAHOMA		WASHINGTON	
CALIFORNIA	X	IOWA		MONTANA		OREGON	X	WEST VIRGINIA	
COLORADO	X	KANSAS		NEBRASKA		PENNSYLVANIA		WISCONSIN	
CONNECTICUT		KENTUCKY		NEVADA		RHODE ISLAND		WYOMING	
DELAWARE		LOUISIANA	X	NEW HAMPSHIRE		SOUTH CAROLINA		ICC - MC120430	
DISTRICT OF COLUMBIA		MAINE		NEW JERSEY		SOUTH DAKOTA		E-103	
FLORIDA		MARYLAND		NEW MEXICO		TENNESSEE			
GEORGIA		MASSACHUSETTS		NEW YORK		TEXAS	X		

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF MINIMUM PREMIUM, IT IS
HEREBY AGREED THAT THE ATTACHED CONTRACTUAL LIABILITY ENDORSEMENT IS ADDED TO THE
POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 11/29/2005

Insured COASTAL TRANSPORT CO., INC _____ Expiration Date Until Cancelled

Issue Date 12/27/2005 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226060435

PSXMAJ00007381
PSXCAN00010762

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$ MINIMUM PREMIUM, IT IS
HEREBY AGREED THAT THE ATTACHED CONTRACTUAL LIABILITY ENDORSEMENT IS ADDED TO THE
POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM Endorsement Effective Date 11/29/2005
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 12/27/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060435

PSXMAJ00007382
PSXCAN00010763

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$ _____ MINIMUM PREMIUM, IT IS
HEREBY AGREED THAT THE ATTACHED CONTRACTUAL LIABILITY ENDORSEMENT IS ADDED TO THE
POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 11/29/2005

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 12/27/2005 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226060435

PSXMAJ00007383
PSXCAN00010764

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$ MINIMUM PREMIUM, IT IS
HEREBY AGREED THAT THE ATTACHED CONTRACTUAL LIABILITY ENDORSEMENT IS ADDED TO THE
POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 11/29/2005
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 12/27/2005 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060435

PSXMAJ00007384
PSXCAN00010765

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF AN ADDITIONAL PREMIUM OF \$ MINIMUM PREMIUM, IT IS
HEREBY AGREED THAT THE ATTACHED CONTRACTUAL LIABILITY ENDORSEMENT IS ADDED TO THE
POLICY.

Policy Number L037755 Endorsement Effective Time 12:01 AM Endorsement Effective Date 11/29/2005
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 12/27/2005 Authorized Signature DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060435

PSXMAJ00007385
PSXCAN00010766

~~NOTICE OF CANCELLATION~~

Insurance Company CANAL INDEMNITY COMPANY
PO BOX 7
GREENVILLE, S.C. 29602

Name and Address of Insured L037755 COASTAL TRANSPORT CO., INC
1603 ACKERMAN RD
SAN ANTONIO, TX 78219

Kind of Policy:	LIABILITY	
Policy No.	L037755	Effective: 3/15/2005
Cancellation will take effect at:		
5/1/2006 (Date)	12:01 A.M. (Hour-Standard Time at Insured's Address)	
Date of Mailing: 3/17/2006		
Issued through Agency or Office at: HOUSTON, TX		
Agent of Insured:	J HOWSE INC	

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. The return premium, if any, will be refunded as soon as practicable by the agent from whom the policy was purchased. This cancellation can be rescinded only by written notice to you signed by a company representative.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

Agent of Insured J HOWSE INC
11111 WILCREST GREEN , SUITE 325
HOUSTON TX 77042-4813

Authorized Representative
Linda J. Hogan bjw/ 3/17/2006

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY:
You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

General DELTA GENERAL AGENCY CORP.
Agent 4828 LOOP CENTRAL DRIVE, SUITE 1000
HOUSTON, TX 77081

Authorized Representative

(Rev. 2-1999)

Policy Number: L037755
Insured Name: COASTAL TRANSPORT CO., INC

I hereby certify that I personally caused to be mailed in the U.S. Post Office at HOUSTON, TX on the Date of Mailing above at 12:17 PM , the original notice of cancellation reproduced on page 1 and at said time received from the U.S. Post Office a Postal Receipt maintained as business records of the Company. I also caused to be mailed Third Party Notices to those shown below.

Signed: Lia J. Hagan

Notices sent to: (* denotes Certificate of Mailing; ** denotes Certified Mail)

COASTAL TRANSPORT CO., INC , 1603 ACKERMAN RD, SAN ANTONIO, TX 78219
DELTA GENERAL AGENCY CORP., 4828 LOOP CENTRAL DRIVE, SUITE 1000, HOUSTON TX 77081
J HOWSE INC , 11111 WILCREST GREEN , SUITE 325, HOUSTON TX 77042-4813

~~NOTICE OF CANCELLATION~~

Insurance Company CANAL INDEMNITY COMPANY
PO BOX 7
GREENVILLE, S.C. 29602

Name and Address of Insured COASTAL TRANSPORT CO., INC
L037755 1603 ACKERMAN RD
SAN ANTONIO, TX 78219

Kind of Policy:	LIABILITY	
Policy No.	L037755	Effective: 3/15/2005
Cancellation will take effect at:		
5/1/2006 (Date)	12:01 A.M. (Hour-Standard Time at Insured's Address)	
Date of Mailing: 3/17/2006		
Issued through Agency or Office at: HOUSTON, TX		
Agent of Insured: J HOWSE INC		

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. The return premium, if any, will be refunded as soon as practicable by the agent from whom the policy was purchased. This cancellation can be rescinded only by written notice to you signed by a company representative.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

Agent of Insured J HOWSE INC
11111 WILCREST GREEN , SUITE 325
HOUSTON TX 77042-4813

Linda J. Hogan

Authorized Representative
Linda J. Hogan bjw/ 3/17/2006

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY:
You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

Authorized Representative

(Rev. 2-1999)

~~NOTICE OF CANCELLATION~~

Insurance Company	CANAL INDEMNITY COMPANY PO BOX 7 GREENVILLE, S.C. 29602	Kind of Policy: LIABILITY
Name and Address of Insured	COASTAL TRANSPORT CO., INC 1603 ACKERMAN RD SAN ANTONIO, TX 78219	Policy No. L037755 Effective: 3/15/2005
		Cancellation will take effect at: 5/1/2006 12:01 A.M. (Date) (Hour-Standard Time at Insured's Address)
		Date of Mailing: 3/17/2006
		Issued through Agency or Office at: HOUSTON, TX
		Agent of Insured: J HOWSE INC

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. The return premium, if any, will be refunded as soon as practicable by the agent from whom the policy was purchased. This cancellation can be rescinded only by written notice to you signed by a company representative.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

General Agent **DELTA GENERAL AGENCY CORP.**
4828 LOOP CENTRAL DRIVE, SUITE 1000
HOUSTON TX 77081

Authorized Representative
Linda J. Hogan b/w 3/17/2006

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY:
You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

Agent of Insured **J HOWSE INC**
11111 WILCREST GREEN , SUITE 325
HOUSTON TX 77042-4813

Authorized Representative

(Rev. 2-1999)

Policy Number: L037755

Insured Name: COASTAL TRANSPORT CO., INC

I hereby certify that I personally caused to be mailed in the U.S. Post Office at HOUSTON, TX on the Date of Mailing above at 12:17 PM , the original notice of cancellation reproduced on page 1 and at said time received from the U.S. Post Office a Postal Receipt maintained as business records of the Company. I also caused to be mailed Third Party Notices to those shown below.

Signed: Lane J. Hogue

Notices sent to: (* denotes Certificate of Mailing; ** denotes Certified Mail)

COASTAL TRANSPORT CO., INC , 1603 ACKERMAN RD, SAN ANTONIO, TX 78219
DELTA GENERAL AGENCY CORP., 4828 LOOP CENTRAL DRIVE, SUITE 1000, HOUSTON TX 77081
J HOWSE INC , 11111 WILCREST GREEN , SUITE 325, HOUSTON TX 77042-4813

~~NOTICE OF CANCELLATION~~

Insurance Company CANAL INDEMNITY COMPANY
PO BOX 7
GREENVILLE, S.C. 29602

Name and Address of Insured COASTAL TRANSPORT CO., INC
L037755 1603 ACKERMAN RD
SAN ANTONIO, TX 78219

Kind of Policy: LIABILITY	
Policy No.	L037755 Effective: 3/15/2005
Cancellation will take effect at: 5/1/2006 12:01 A.M. (Date) (Hour-Standard Time at Insured's Address)	
Date of Mailing:	3/17/2006
Issued through Agency or Office at:	HOUSTON, TX
Agent of Insured:	J HOWSE INC

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above. The return premium, if any, will be refunded as soon as practicable by the agent from whom the policy was purchased. This cancellation can be rescinded only by written notice to you signed by a company representative.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

Agent J HOWSE INC
of 11111 WILCREST GREEN , SUITE 325
Insured HOUSTON TX 77042-4813

Authorized Representative
Linda J. Hogan bjw/ 3/17/2006

TO LIENHOLDER, MORTGAGEE, CITY LICENSE AUTHORITY OR ASSIGNED RISK PLAN, OR OTHER THIRD PARTY:
You are hereby notified that the agreement under the Loss Payable Clause payable to you as Lienholder or the agreement to provide notice, which is a part of the above policy, issued to the above insured, is hereby cancelled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

General DELTA GENERAL AGENCY CORP.
Agent 4828 LOOP CENTRAL DRIVE, SUITE 1000
HOUSTON, TX 77081

Authorized Representative

(Rev. 2-1999)

Form D-58-p

General Agent Copy

4226060799

PSXMAJ00007391
PSXCAN00010772

Policy Number: L037755

Insured Name: COASTAL TRANSPORT CO., INC

I hereby certify that I personally caused to be mailed in the U.S. Post Office at HOUSTON, TX on the Date of Mailing above at 12:17 PM , the original notice of cancellation reproduced on page 1 and at said time received from the U.S. Post Office a Postal Receipt maintained as business records of the Company. I also caused to be mailed Third Party Notices to those shown below.

Signed: Laura J. Hagan

Notices sent to: (* denotes Certificate of Mailing; ** denotes Certified Mail)

COASTAL TRANSPORT CO., INC , 1603 ACKERMAN RD, SAN ANTONIO, TX 78219
DELTA GENERAL AGENCY CORP., 4828 LOOP CENTRAL DRIVE, SUITE 1000, HOUSTON TX 77081
J HOWSE INC , 11111 WILCREST GREEN , SUITE 325, HOUSTON TX 77042-4813

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED THAT THE POLICY DATE
IS CORRECTED AS FOLLOWS:

EFFECTIVE 03/15/06 @12:01 AM TO 05/01/06 @12:01 AM

MARCH MONTHLY MINIMUM OF
APRIL MONTHLY MINIMUM OF

TOTAL

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/01/2006
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 04/27/2006 Authorized Signature _____

DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Canal Indemnity Company

Form 2.1.E

Greenville, South Carolina

(Rev. 12-1991)

4226060994

PSXMAJ00007393
PSXCAN00010774

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED THAT THE POLICY DATE IS CORRECTED AS FOLLOWS:

EFFECTIVE 03/15/06 @12:01 AM TO 05/01/06 @12:01 AM

MARCH MONTHLY MINIMUM OF
APRIL MONTHLY MINIMUM OF

TOTAL .

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/01/2006
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 04/27/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060994

PSXMAJ00007394
PSXCAN00010775

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED THAT THE POLICY DATE IS CORRECTED AS FOLLOWS:

EFFECTIVE 03/15/06 @12:01 AM TO 05/01/06 @12:01 AM

MARCH MONTHLY MINIMUM OF
APRIL MONTHLY MINIMUM OF

TOTAL

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/01/2006
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 04/27/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-E

(Rev. 12-1991)

4226060994

PSXMAJ00007395
PSXCAN00010776

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED THAT THE POLICY DATE IS CORRECTED AS FOLLOWS:

EFFECTIVE 03/15/06 @12:01 AM TO 05/01/06 @12:01 AM

MARCH MONTHLY MINIMUM OF
APRIL MONTHLY MINIMUM OF

TOTAL .

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 03/01/2006
Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled
Issue Date 04/27/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060994

PSXMAJ00007396
PSXCAN00010777

ENDORSEMENT

GENERAL CHANGE

IN CONSIDERATION OF NO CHANGE IN PREMIUM, IT IS HEREBY AGREED THAT THE POLICY DATE IS CORRECTED AS FOLLOWS:

EFFECTIVE 03/15/06 @12:01 AM TO 05/01/06 @12:01 AM

MARCH MONTHLY MINIMUM OF
APRIL MONTHLY MINIMUM OF

TOTAL

Policy Number L037755 Endorsement Effective Time 12:01 AM Endorsement Effective Date 03/01/2006

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 04/27/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-1991)

Form 2-1-E

4226060994

PSXMAJ00007397
PSXCAN00010778

ENDORSEMENT

GENERAL CHANGE

IT IS AGREED THAT POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS CANCELLED.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

CALCULATION METHOD:

CANCELLATION MONTH: MAY

TOTAL EARNED PREMIUM IN CANCELLATION MONTH: 0

OF DAYS UNEARNED: 31

ANNUAL PREMIUM AT TIME OF CANCELLATION:

90% PR 1 -

ADDITIONAL PREMIUM:

RETURN PREMIUM:

Breakdown for policies under installment premium payment plan:

DOWNPAYMENT _____ ESCROW DEPOSIT _____

The remaining _____ installments due will change by _____ from _____
to _____ beginning with the Installment due _____

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 05/01/2006

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 11/21/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-2001)

Form 2-1-Ecan

4226062277

PSXMAJ00007398
PSXCAN00010779

ENDORSEMENT

GENERAL CHANGE

IT IS AGREED THAT POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS CANCELLED.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

CALCULATION METHOD:

CANCELLATION MONTH: MAY

TOTAL EARNED PREMIUM IN CANCELLATION MONTH: 0

OF DAYS UNEARNED: 31

ANNUAL PREMIUM AT TIME OF CANCELLATION:

90% PR 1 -

ADDITIONAL PREMIUM: _____

RETURN PREMIUM: _____

Breakdown for policies under installment premium payment plan:

DOWNPAYMENT _____ ESCROW DEPOSIT _____
The remaining _____ installments due will change by _____ from _____
to _____ beginning with the Installment due _____

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 05/01/2006

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 11/21/2006 Authorized Signature _____

DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-Ecan

(Rev. 12-2001)

4226062277

PSXMAJ00007399
PSXCAN00010780

ENDORSEMENT

GENERAL CHANGE

IT IS AGREED THAT POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS CANCELLED.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

CALCULATION METHOD:

CANCELLATION MONTH: MAY

TOTAL EARNED PREMIUM IN CANCELLATION MONTH: 0

OF DAYS UNEARNED: 31

ANNUAL PREMIUM AT TIME OF CANCELLATION:

90% PR 1 -

ADDITIONAL PREMIUM:

RETURN PREMIUM:

Breakdown for policies under installment premium payment plan:

DOWNPAYMENT _____

ESCROW DEPOSIT _____

The remaining _____ installments due will change by _____ from _____
to _____ beginning with the installment due _____

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 05/01/2006

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 11/21/2006 Authorized Signature _____

DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

(Rev. 12-2001)

ENDORSEMENT

GENERAL CHANGE

IT IS AGREED THAT POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED IS CANCELLED.

REASON FOR CANCELLATION: INSURED'S REQUEST: LOST POLICY RELEASE

CALCULATION METHOD:

CANCELLATION MONTH: MAY

TOTAL EARNED PREMIUM IN CANCELLATION MONTH: 0

OF DAYS UNEARNED: 31

ANNUAL PREMIUM AT TIME OF CANCELLATION:

90% PR 1 -

ADDITIONAL PREMIUM:

RETURN PREMIUM:

Breakdown for policies under installment premium payment plan:

DOWNPAYMENT _____ ESCROW DEPOSIT _____

The remaining _____ installments due will change by _____ from _____
to _____ beginning with the Installment due _____

Policy Number L037755 Endorsement Effective Time 12:01 AM _____ Endorsement Effective Date 05/01/2006

Insured COASTAL TRANSPORT CO., INC Expiration Date Until Cancelled

Issue Date 11/21/2006 Authorized Signature _____ DELTA GENERAL AGENCY CORP.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Canal Indemnity Company

Greenville, South Carolina

Form 2-1-Ecan

(Rev. 12-2001)

4226062277

PSXMAJ00007401
PSXCAN00010782

04/22/2005 FRI 10:29 FAX 713 785 8785 TTG/JHI ->> DELTA

002/003

03/17/2005 THU 11:13 FAX 713 785 8785 TTG/JHI ->> CTCO-SAN ANTONIO

002/003

MONTHLY REPORT OF MILEAGE**AUTOMOBILE LIABILITY**Insured Coastal Transport Co., Inc. Policy Number L037755Report for the Period: 3/16/05 To: 3/31/05

COVERAGE	NUMBER OF MILES	RATE	PREMIUM
AUTO LIABILITY	<u>1,507,702</u>		
TAX			

TOTAL PREMIUM & TAX: \$ _____

MINIMUM PREMIUM	<u>1</u>
TAX	
TOTAL	

I(WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIME AS PROVIDED BY POLICY CONDITIONS.

BY Robin Howse TITLE Agent Supervisor DATE 4/12/05
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER J. HOWSE, INC. AT HOUSTON, TX

***IT IS IMPORTANT THAT YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

Received 05/20/2005 10:31AM in 01:04 on line (7) for PENNYC UID:ADM428DBCE08F2 * Pg 2/2
 05/20/2005 FRI 09:18 FAX 713 785 8785 TTG/JHI

D02/002

MONTHLY REPORT OF MILEAGE AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 04/01/05 To: 04/30/05

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY	<u>2,783,557</u>		
TAX:			
TOTAL PREMIUM & TAX:			<u>\$</u>

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: Robin Stewart TITLE: Accts Supervisor DATE: 5/18/05
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 5/1/2005 To: 5/31/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY TAX	<u>2,831.075</u>		

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS

BY: Robert Howse TITLE: Cost Supervisor DATE: 6/21/05
(SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

Received 07/21/2005 02:21PM in 00:54 on line [6] for PENNYC UTO:ADM42DFAF90634F * Pg 2/2
 07/21/2005 THU 13:06 FAX 713 785 8785 TTG/JHI -> DELTA

002-002

MONTHLY REPORT OF MILEAGE
 AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 6/1/2005 To: 6/30/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY	<u>2,842,893</u>		
TAX:			
TOTAL PREMIUM & TAX:			

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS

BY: Robin Hart TITLE: Acct. Supervisor DATE: 7/13/05
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

IT IS IMPORTANT THAT YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

TERED
 8.14 7/20/05

RECEIVED JUL 20 2005

Received 08/22/2005 08:28AM in 00:58 on line [2] for PENNYC UID:ADM43098D0704FC * Pg 2/2
 08/22/2005 MON 07:13 FAX 713 785 8785 TTG/JHI +++ DELTA

002/002

MONTHLY REPORT OF MILEAGE
 AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 7/1/2005 To: 7/31/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY	<u>2,727,676</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: John Howse TITLE: Accts Supervisor DATE: 8/16/05
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

Received 09/20/2005 01:04PM in 00:56 on line [6] for PENNYC UID:ADM43300918189A * Pg 2/2
09/20/2005 TUE 11:49 FAX 713 785 8785 TTG/JHI --> DELTA

002/002

RECEIVED SEP 20 2005

MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 8/1/2005 To: 8/31/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY TAX.	<u>2,731.635</u>		

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM
TAX
TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY:  TITLE: Accounting Supervisor DATE: 9/14/2005
(SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

ENTERED
SH 9/20/05

Received 10/14/2005 11:36AM in 00:44 on line [2] for PENNYC UID:ADM434F98845980 * Pg 2/2
 10/14/2005 FRI 10:20 FAX 713 785 8785 TTG/JHI ->> DELTA

002/002

10/14/2005 11:31 FAX

COASTAL TRANSPORT

+ J. HOWSE

001

MONTHLY REPORT OF MILEAGE
 AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 9/1/2005 To: 9/30/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
AUTO LIABILITY	<u>2,482,380</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM
 TAX
 TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

By: Robin Stort TITLE: Accounting Supervisor DATE: 10/11/2005
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

-- IT IS IMPORTANT THAT YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 10/1/2005 To: 10/31/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,589,901</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: _____ TITLE: Accounting Supervisor DATE: 11/15/2005
(SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

**IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 11/1/2005 To: 11/30/2005

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,508,667</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY:  TITLE: Accounting Supervisor DATE: 12/13/2005
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THAT YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

RECEIVED DEC 20 2005

01/20/2006 FRI 10:23 FAX 713 785 8785 TTG/JHI +++ DELTA

002/002

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured:	Coastal Transport Co., Inc.	Policy Number:	L037783
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Report for the Period:	<u>12/01/2005</u>	To:	<u>12/31/2005</u>
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COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,582.641</u>
TAX:	

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: TITLE: Accounting Supervisor DATE: 01/20/2005
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 1/1/2006 To: 1/31/2006

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,620,445</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY:  TITLE: Accounting Supervisor DATE: 2/13/2006
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

RECEIVED FEB 15 2006

PAGE 2/2 *RCVD AT 2/15/2006 9:03:16 AM [Central Standard Time] * SVR:NEPTUNE/5 * DNIS:2800 * CSID:7137858785 * DURATION (mm:ss):00:42

03/27/2006 MON 12:49 FAX 713 785 8785 TTG/JHI

002-002

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 2/1/2006 To: 2/28/2006

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,459,393</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: Robin Howse TITLE: Accounting Supervisor DATE: 3/15/2006
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

ENTERED

3/16/2006

RECEIVED MAR 20 2006

PAGE 22' RCVD AT 3/27/2006 1:09:07 PM [Central Standard Time] * SVR:NEPTUNE[0] DNIS:2821 * CSID:713 785 8785 * DURATION (mm:ss):00:52

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 3/1/2006 To: 3/31/2006

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,783,787</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

BY: Olein Skord TITLE: Accounting Supervisor DATE: 3/16/2006
 (SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.

05/18/2006 THU 06:17 FAX 713 785 8785 TTG/JHI >>> DELTA

 002/002

05/17/2006 17:10 FAX

COASTAL TRANSPORT

+ J HOUSE

 001

**MONTHLY REPORT OF MILEAGE
AUTOMOBILE LIABILITY**

Insured: Coastal Transport Co., Inc. Policy Number: L037755

Report for the Period: 4/1/2006 To: 4/30/2006

COVERAGE	NUMBER OF MILE	RATE	PREMIUM
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AUTO LIABILITY	<u>2,705,824</u>		
TAX:			

TOTAL PREMIUM & TAX:

MINIMUM PREMIUM

TAX

TOTAL

I (WE) HEREBY CERTIFY THAT THE ABOVE ARE TRUE STATEMENTS IN ACCORDANCE WITH THE PROVISIONS OF THE POLICY. THESE FIGURES ARE GIVEN WITH THE UNDERSTANDING THAT MY (OUR) BOOKS AND RECORDS ARE SUBJECT TO INSPECTION BY A REPRESENTATIVE OF THE INSURANCE COMPANY AT ANY TIMES AS PROVIDED BY POLICY CONDITIONS.

Robin J. Howse

(SIGNATURE OF THE INSURED OR AUTHORIZED REPRESENTATIVE)

TITLE: Accounting Supervisor

DATE: 4/11/2006

AGENT OR BROKER: J. HOWSE, INC. AT HOUSTON, TX

*** IT IS IMPORTANT THEY YOU MAIL REPORTS ON OR BEFORE THE DUE DATE STIPULATED IN THE POLICY WITH A CHECK FOR THE PREMIUM. SEND REPORTS AND CHECK FOR PREMIUM TO AGENT.